

# HAVE A COMPLAINT?

HELP US HELP YOU — HELP US HELP YOU

When making a complaint, certain information is required in writing. Please complete the following items, include any pertinent documentation and send to the Colonie Consumer Protection Board. (This handy mailer may be used.)

Date: \_\_\_\_\_

**Complainant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

**Complaint against: (person or company)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Name of person dealt with, if company: \_\_\_\_\_

Details of complaint:

Desired Resolution: (check one)    Refund     Repair     Cancellation     Other

RETURN FORM TO:

Town of Colonie  
Consumer Protection Board  
Memorial Town Hall  
Newtonville, N.Y. 12128